

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUN 05 2019

Bayfield Co. Zoning Dept.

| | |
|--------------|---------------|
| Permit #: | 19-0186 |
| Date: | 6-19-19 |
| Amount Paid: | \$520 6-17-19 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--------------------|--|--|--|----------|---|------------|--|-----------------|--|------------|--|--------------|--|--------------|--|
| TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | | | | | | | | | | | | | | | | | |
| Owner's Name: Michael Pellizzer | | | Mailing Address: 2325 Brookridge Ave. City/State/Zip: Minneapolis, MN 55422 | | | Telephone: Cell Phone: 612-964-2312 | | | | | | | | | | | | | |
| Address of Property: 5677 Snow Shoe Rd | | | City/State/Zip: Solon Springs, WI 54873 | | | Plumber: Plumber Phone: | | | | | | | | | | | | | |
| Contractor: Morton Buildings | | | Contractor Phone: Agent Phone: 218-244-4508 | | | Agent Mailing Address (include City/State/Zip): 11096W Allan Rd Hayward, WI 54843 | | | Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) Brent Walstad | | | Tax ID# 37502 | | | Recorded Document: (Showing Ownership) 2018R 972677 | | | | | | | | | | | | | |
| PROJECT LOCATION | | Legal Description: (Use Tax Statement) | | Gov't Lot | | Lot(s) | | CSM | | Vol & Page | | CSM Doc # | | Lot(s) No. | | Block(s) No. | | Subdivision: | |
| 1/4, 1/4 | | | | | | 1 | | 1477 | | 11/339 | | | | | | | | | |
| Section 02, Township 44 N, Range 09 W | | | | Town of: Barnes | | | | Lot Size | | | | Acreage 2.56 | | | | | | | |

| | | | | |
|---|---|--|--|--|
| <input checked="" type="checkbox"/> Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue → | Distance Structure is from Shoreline : 225 feet | <input type="checkbox"/> Is Property in Floodplain Zone? Yes No | <input type="checkbox"/> Are Wetlands Present? Yes No |
| | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → | Distance Structure is from Shoreline : feet | | |
| <input type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories | Foundation | Total # of bedrooms in structure | What Type of Sewer/Sanitary System Is on the property? | Type of Water on property |
|--|--|---|--|--|---|--|
| \$140,212 | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input checked="" type="checkbox"/> Slab | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Gravity | <input type="checkbox"/> |
| | <input type="checkbox"/> Relocate (existing bldg) | | | | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | | Use | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> | | <input checked="" type="checkbox"/> Year Round | | <input type="checkbox"/> Compost Toilet | |
| | | | | | <input type="checkbox"/> None | |

| | | | |
|---|---------|--------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: | Length: | Width: | Height: |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------------|--|---------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2nd) Porch | (X) | |
| | | with a Deck | (X) | |
| <input type="checkbox"/> Commercial Use | | with (2nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (specify) | (X) | |
| | <input checked="" type="checkbox"/> | Accessory Building (specify) Storage/hobby shop | (31' X 30') | 1,694 |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) | (X) | |
| | <input type="checkbox"/> | Special Use: (explain) | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) | (X) | |
| | <input type="checkbox"/> | Other: (explain) | (X) | |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

Authorized Agent: Brent Walstad / Morton Buildings
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 5/30/2019

Address to send permit 11096W Allan Rd, Hayward WI 54843

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- | | |
|---------------------------|---|
| (1) Show Location of: | Proposed Construction |
| (2) Show / Indicate: | North (N) on Plot Plan |
| (3) Show Location of (*): | (*) Driveway and (*) Frontage Road (Name Frontage Road) |
| (4) Show: | All Existing Structures on your Property |
| (5) Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (6) Show any (*): | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (7) Show any (*): | (*) Wetlands; or (*) Slopes over 20% |

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|-----------------------------------|
| Setback from the Centerline of Platted Road | 100 Feet | Setback from the Lake (ordinary high-water mark) | 225 Feet |
| Setback from the Established Right-of-Way | 65 Feet | Setback from the River, Stream, Creek | Feet |
| | | Setback from the Bank or Bluff | Feet |
| Setback from the North Lot Line | 25 20 Feet | | |
| Setback from the South Lot Line | 150 Feet | Setback from Wetland | NA Feet |
| Setback from the West Lot Line | 28 20 Feet | 20% Slope Area on the property Lakeside | X Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 125 Feet | Elevation of Floodplain | Feet |
| | | | |
| Setback to Septic Tank or Holding Tank | 110 Feet | Setback to Well | 125 Feet |
| Setback to Drain Field | 130 Feet | | |
| Setback to Privy (Portable, Composting) | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

| | | | | | | | |
|---|---|---|---------------------|---|---|---|--|
| Issuance Information (County Use Only) | | Sanitary Number: | | # of bedrooms: | | Sanitary Date: | |
| Permit Denied (Date): | | Reason for Denial: | | | | | |
| Permit #: 19-0186 | | Permit Date: 6-19-19 | | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) | <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s)) | <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No | | | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | | | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Inspection Record: well staked | | | | Zoning District (R-3) Lakes Classification (2) | | | |
| Date of Inspection: 6/11/19 | | Inspected by: AS | | Date of Re-Inspection: | | | |
| Condition(s): Town, Committee or Board Conditions Attached? | | | | Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks. | | | |
| Signature of Inspector: AS | | | | Date of Approval: 6/13/19 | | | |
| Hold For Sanitary: <input type="checkbox"/> | | Hold For TBA: <input type="checkbox"/> | | Hold For Affidavit: <input type="checkbox"/> | | Hold For Fees: <input type="checkbox"/> | |

Michael Pellizzer SITE Plan



Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0186** Issued To: **Michael & Jane Pellizzer / Brent Walstad, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **2** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **1** Block Subdivision CSM# **1977**

For: **Residential Accessory Structure: [1- Story; Storage / Hobby Shop (21' x 30') (38' x 28') = 1,694 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

June 19, 2019

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
JUN 11 2019
Bayfield Co. Zoning Dept.

| | |
|--------------|--------------|
| Permit #: | 19-0189 |
| Date: | 6-20-19 |
| Amount Paid: | \$75 6-12-19 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

| | | | | | | | | | | | | | | | | | |
|--|--|---|--|---|--|--|--|-----------------|--|-----------|--|--------------|--|--------------|--|--------------|--|
| TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | | | | | | | | | | | | | | | |
| Owner's Name: Julie Richard Needham | | Mailing Address: 51925 Fahrner Rd Barnes WI 54873 | | City/State/Zip: Barnes WI 54873 | | Telephone: | | | | | | | | | | | |
| Address of Property: 51925 Fahrner Road | | City/State/Zip: Barnes WI 54873 | | Cell Phone: 507 461 5266 | | Plumber Phone: | | | | | | | | | | | |
| Contractor: Self | | Contractor Phone: NA | | Plumber: NA | | Plumber Phone: | | | | | | | | | | | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | Agent Phone: | | Agent Mailing Address (include City/State/Zip): | | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| PROJECT LOCATION | | Legal Description: (Use Tax Statement) | | Tax ID# 1289 | | Recorded Document: (Showing Ownership) 1075 207 | | | | | | | | | | | |
| 1/4, 1/4 | | Gov't Lot 7 | | Lot(s) 9 | | CSM 84 | | Vol & Page 2/95 | | CSM Doc # | | Lot(s) No. | | Block(s) No. | | Subdivision: | |
| Section 3 | | Township 44 | | N, Range 9 | | W | | Town of: Barnes | | Lot Size | | Acreage 1.03 | | | | | |

| | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance Structure is from Shoreline : _____ feet | | |
| <input checked="" type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories | Foundation | # of bedrooms in structure | What Type of Sewer/Sanitary System Is on the property? | Type of Water on property |
|--|---|---|--|--|---|--|
| \$ 5,000 | <input type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input checked="" type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input checked="" type="checkbox"/> Post | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: 900w/4ft | <input type="checkbox"/> |
| | <input type="checkbox"/> Relocate (existing bldg) | | | | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | | Use | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> | | Year Round | | <input type="checkbox"/> Compost Toilet | |
| | | | | <input checked="" type="checkbox"/> None | | |

| | | | |
|---|-------------|------------|------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 36' | Width: 24' | Height: 8' |
| Proposed Construction: | Length: 18' | Width: 12' | Height: 8' |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------------|--|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2nd) Porch | (X) | |
| | | with a Deck | (X) | |
| | | with (2nd) Deck | (X) | |
| <input type="checkbox"/> Commercial Use | | with Attached Garage | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) | (X) | |
| | <input checked="" type="checkbox"/> | Addition/Alteration (specify) Porch | (12 X 18) | 216 |
| | <input type="checkbox"/> | Accessory Building (specify) | (X) | |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) | (X) | |
| | <input type="checkbox"/> | Special Use: (explain) | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) | (X) | |
| | <input type="checkbox"/> | Other: (explain) | (X) | |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date June 11 2019

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

one box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 104 Feet | Setback from the Lake (ordinary high-water mark) | NA Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | NA Feet |
| | | Setback from the Bank or Bluff | NA Feet |
| Setback from the North Lot Line | 88 Feet | | |
| Setback from the South Lot Line | 350 Feet | Setback from Wetland | NA Feet |
| Setback from the West Lot Line | 41 Feet | 20% Slope Area on the property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 86 Feet | Elevation of Floodplain | NA Feet |
| | | | |
| Setback to Septic Tank or Holding Tank | 40 Feet | Setback to Well | 12 Feet |
| Setback to Drain Field | 60 Feet | | |
| Setback to Privy (Portable, Composting) | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

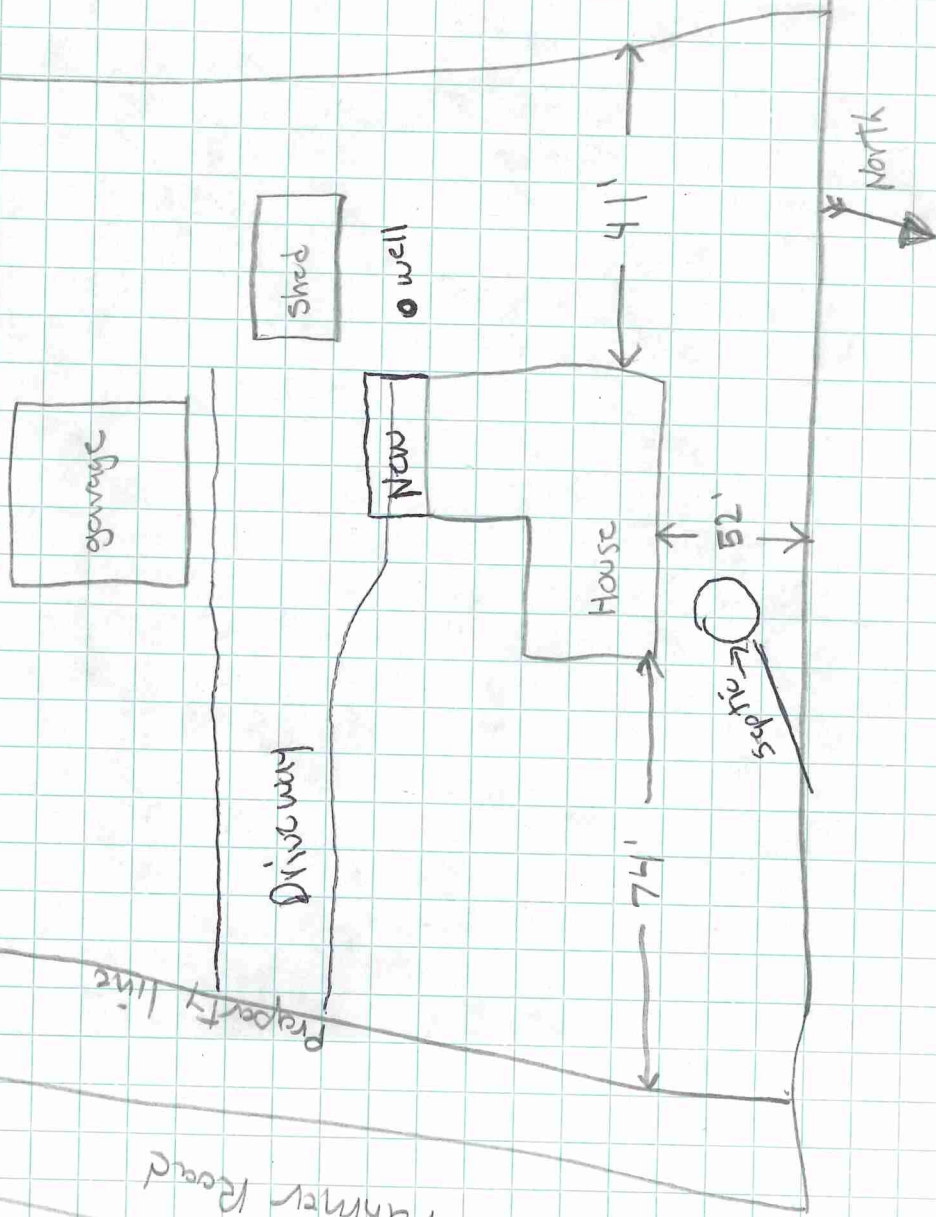
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|--|---|---|---|------------------------------|
| Issuance Information (County Use Only) | | Sanitary Number: 12-399 | # of bedrooms: 2 | Sanitary Date: 6/7/12 |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: 19-0189 | | Permit Date: 6-26-19 | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s)) | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Inspection Record: Brother was on site | | Zoning District (R1) Lakes Classification (-) | | |
| Date of Inspection: 6/11/19 | | Inspected by: AD | | Date of Re-Inspection: |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) | | | | |
| Signature of Inspector: [Signature] | | Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction if required. Must meet and maintain setbacks. | | |
| Date of Approval: 6/17/19 | | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> |

Richard Needham
51925. Fahner Rd
Barnes WI 54873

RECEIVED
JUN 11 2018

Bayfield Co. Zoning Dept.



City, Village, State or Federal
Permits May Also Be Required

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

No. **19-0189** Issued To: **Richard & Julie Needham**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **3** Township **44** N. Range **9** W. Town of **Barnes**

Par in
Gov't Lot **7** Lot Block Subdivision CSM# **84**

For: **Residential Additional / Alteration: [1-Story; Porch (12' x 18') = 216 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction if required. Must meet and maintain setbacks.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

June 20, 2019

Date